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About our cover . . .

Lincoln and his family after the death of Tad. An engraving by William Sartain from a painting by S. B. Waugh. Eleventh of a series of Journal covers on family life . . . Photograph courtesy of Library of Congress, copyright, 1866.

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Elizabeth McQuaid, Assistant Editor

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*Sex is not a secret
when they learn
the truth about it.*

PARTNERS IN SEX EDUCATION

by Esther Emerson Sweeney
Director of Community Service
American Social Hygiene Association

The use of the words *sex* and *education*, without benefit of conjunction, has given rise to vast misunderstandings and innumerable, still inconclusive debates.

Yet for many years the nation's most high-minded and serious educators have written and talked about sex education in unmistakably clear language. By their definition, sex education includes a minimum of sex facts and a maximum of attitude-development concepts. These concepts deal with the family as the basic unit of society; with the personal responsibility of each human being for behavior; with the ethical aspects of dating, courtship and marriage; and with the whole range of social, psychological, economic, moral and spiritual factors that govern in all society the relations between the sexes.

None of these educators—Dr. William Freeman Snow, Dr. Thomas Galloway, Dr. Mabel Grier Leshner, to name but a few—have viewed sex education as other than a primary and continuing parental responsibility. They have seen clearly, though, that the church, the school and many community agencies might (indeed, under appropriate circumstances, *should*) supplement and complement the parental task.

A Definition of Terms

Later proponents and opponents of sex education have frequently failed, however, to define terms when discussing the subject. Since both tended

to limit their concepts of what "the other side" was talking about and often failed to revert to what serious educators had included in their statements on sex education, other terms that seemed more descriptive came into use: *education for health and human relations, family life education, education for responsible parenthood, etc.*

To some extent this reduced the temperature of discussions, but it did not actually clear the air. With the exception of professional leaders in the field of family life education (or sex education, if you will), there are still too many over-zealous proponents who fail to define terms, while equally zealous opponents often think that "family life education" is merely a way of masking proposals to "teach sex" in the classroom and still fail to demand a definition of terms.

The Supplementary Role of the School

We continue to have a grave responsibility towards children and young people that must be wisely, carefully pursued. It is a responsibility that must not be shirked and yet can never be permitted to take on the character of usurpation of parental right and duty. Whether we use the words *sex education* or *family life education*, the school has a role to play. It is the responsibility of all of us to insure that the job be done soundly and within the broadest framework of genuine preparation of young people for their contributions to society as men and women, husbands and wives, fathers and mothers in the future.

No one can deny that parents are the child's first and continuing teachers in all that has to do with the relations between the sexes and with development in every child of a sound conscience in regard to the whole moral



*Children reflect
their mother's
love.*

code. Formally and informally, by word, example and attitudes, by what parents say or fail to say, they function as educators in family life—good, poor or indifferent.

The case for sex education in the schools cannot rest on the fact that some parents are poorly equipped for their job. That situation can and must be remedied by adult education. For even if every parent in the United States *wanted* his child's sex education to become the total responsibility of the school, educators would be the last people to accept this as a workable plan. They realize too well that parents would still be unconsciously educating in the home by the very way they behave towards each other, by their casual discussions of a neighbor's divorce, by a thousand and one manifestations of their own attitudes towards marriage and parenthood, towards morality and individual rights and duties.

School Experiences Cannot Be Isolated

No, the case for family life education in the schools rests on altogether different grounds. It is founded upon the fact that any effort to separate the child's school experiences from family life considerations is completely artificial. Such artificiality would not only spell failure by the school to complement the work of parents but would, in fact, undermine the work of parents and the influence of the home. The child cannot live a compartmentalized life, divided neatly between home and school. To attempt such compartmentalization is to destroy the best efforts of both parents and teachers.

Let us take a brief glance at the child's own experience in the classroom. Should it be, *can* it be limited to learning only those things which the parent, for want of specialized preparation, cannot teach? Parents readily agree that the school should teach arithmetic. But can the child learn arithmetic without some reference to reality? What could be more real than problems of budgeting, and do these problems not instantly summon

***Facts plus
attitudes.***



up families, family responsibilities, interrelationships between all members of the family?

Parents agree that the child can learn to read better in the school than he can, generally speaking, at home. But what shall he read? If he reads about families, about parents and their children, is he to be limited to discussion of episodes or style?

Even in fields in which many parents possess far more skill and adequacy than do many teachers—nutrition, homemaking, interior decoration—few parents would think of demanding that teachers quit usurping parental roles as educators.

One could continue indefinitely to list the classroom situations that are part and parcel of family life education, situations that would be sterile and meaningless without teacher orientation to family life education concepts. But lest it be thought that the question of sex information, as such, is being evaded here, let us look quite honestly at that particular, though limited, aspect of family life education.

Sex Cannot Be Ignored in the Classroom

Classroom situations arise constantly, naturally and simply that give rise to questions that cannot be ignored: the school cat has kittens, a teacher returns from leave after having a baby, plant and animal reproduction are the substance of science classes. If we evade questions, we are still providing a form of sex education—education in how “evil” sex is, education in how *not* to ask adults, possibly education in how adventurous it is to get together with one’s pals for a taste of the forbidden answers.

This does not mean, of course, that every possible opportunity to answer questions relating to reproduction is to be pounced upon as an opportunity for an extended diatribe on the subject nor would any but a neurotically warped teacher think it does. On the other hand, a calm, dispassionate answer to a question—leading always from facts to attitudes—is essential unless by evasion we are prepared to have children seek their answers in prurient and often indecent ways. We cannot deceive ourselves into thinking that a teacher’s embarrassed silence will simply send the child home to Mother and Daddy for his answers.

The subject matter in the classroom—nature study, biology, botany, etc.—provides the obvious springboard for most discussion of reproduction. In the hands of a properly trained teacher such subjects provide especially fine opportunities to point up the wondrousness of creation, the tremendous difference between plant and animal reproduction and the reproduction by which a unique, responsible, moral and social being—a *human* being—is born.

Clearly the school must meet, one way or another, the whole question of family life education as a limited but genuine responsibility. The

issue is *how* this can be done so that the child may be adequately protected from intense exposure to factual information, so that there may be no separation of information from attitude development, so that decent moral values are inculcated.

Integration from the First Grade

There are no short cuts. In order to escape the hazards and limitations of being merely sex fact instruction, family life education must begin in the very first school years. It must be integrated into all possible subject matter in the curriculum. It must be carried out by teachers who are properly trained. It must be adequately supervised.



*Family life
education
reaches down
to the first
grade.*

Training in family life education is still being provided on a pre-service basis by far too few colleges and teacher-training institutions. One can only wonder how realistically the average teacher is being prepared to supplement and complement the home—surely a basic task of all education. Such training cannot continue to be viewed as something special, a kind of frosting on the cake. The teacher who is unable to integrate family life education throughout the child's whole learning experience is an anachronism in a day when we pretend, at least, that we are no longer teaching the Three R's but are truly preparing young people for living . . . living fully and richly.

Teacher-Training To Insure Stable Family Life

Whatever the faults of our colleges in their preparation of teachers, school administrators can do something to remedy the situation by in-service training for their own faculties. Such training cannot be either provided or absorbed overnight. But immediate steps must be taken

if we are to meet the problems of sexual delinquency, broken homes, divorce and sexual promiscuity in the next generation. Our own generation reflects some signal failures—failures on the part of many parents, many churches, many schools. Whether or not we accept the statistics of Dr. Alfred Kinsey without qualification, they certainly point to previous failure to provide young people with true understanding of the place of sex in the scheme of things.

Two enormously important members of most school faculties—the school nurse and the health educator—and their contributions to family life education have not yet been mentioned. This has been deliberate for it seemed essential to attempt first to clarify some of the basic questions in regard to the role of the school in such education.

The Role of the Health Educator

The health educator is all too often expected to assume the total job of sex education and all too often does assume it without recognizing the basic fallacy in the premise on which he is expected to operate. The health education curriculum is far too heavily loaded with the physical and the factual to be the ideal vehicle for sex education. There can be appropriate integration of some aspects of such education into the health education curriculum (just as into social studies, literature, home economics), but that should be the limit of the health educator's classroom responsibility.



*The health
educator—
a faculty
adviser.*

On the other hand, we have scarcely begun to see the true extent of the health educator's potential contribution as adviser to the faculty, as an aide to the curriculum planners and revisionists.

The School Nurse

The school nurse undoubtedly has a contribution to make, of a similar nature. She also has a splendid opportunity, if prepared by training

to grasp it, to serve as a special consultant to anxious, worried children who need individual conferences in this field.

But the use of the school nurse's services in providing a course in family life education is an immediate denial of the principle of integration. It places such education in the very category of specialization in which it does not belong.

Many school nurses have made remarkable contributions to parent education in this field, to curriculum planning and teacher education, to the individual child who needs and seeks help. Administrators should no more expect the school nurse, however, to undertake the entire job of sex education than to expect the health educator to do so. Each has a part to play; neither constitutes the cast of the performance.

The Home, the School, the Church

Basic to the whole question of the role of the school in sex education is the need for parental understanding of parents' own responsibilities.



*Daddy,
how can
a seed
make
another
apple?*

There is need for parents to understand just what it is that the school views as its share in this mutual home-school educational effort. There is need for guidance from the churches on moral training. In short, there is need for the three major influences in the child's life—home, school and church—to work as a unit . . . as partners in an important and profitable enterprise.



AN APPROACH IN SCHOOLS TO EDUCATION FOR PERSONAL AND FAMILY LIVING

by the New Jersey Department of Education's
Advisory Committee on Social Hygiene Education

I. Introduction

The New Jersey Department of Education's advisory committee on social hygiene education has revised its earlier publication, *An Approach to Sex Education in Schools*, which was No. 1 in a series of bulletins on education for family life. The original pamphlet, prepared in 1940 by the New Jersey Social Hygiene Association's education committee, was published in 1941 by the American Social Hygiene Association.

When the New Jersey Social Hygiene Association disbanded in 1942, its education committee was invited by the State Commissioner of Education to become an advisory committee to the State Department of Education. With changes in membership from time to time, the committee has continued to the present. Dr. Mabel G. Leshner, the American Social Hygiene Association's educational consultant, has been the chairman since its organization and has given tireless and devoted leadership.

One of the committee's first activities was to study the needs in New Jersey in the field of sex education. They found that there was a public demand in many communities for the schools to assume more responsibility in preparing children and youth for effective home life.

Furthermore, a questionnaire-survey revealed that many school administrators also believed the schools should set up a more adequate program of sex education. Seventy per cent of those who replied to the questionnaire agreed that more emphasis should be placed on this phase of education.

Since the 1940 survey young people and the public in general have increased their demands for education for family life. The New Jersey Congress of Parents and Teachers has consistently promoted better understanding on the part of its members by holding regional institutes on family life education and by making social hygiene education for family life one of the local Parent-Teacher Association goals in program planning.

At their annual meeting in 1948 the New Jersey Congress of Parents and Teachers passed a resolution asking that New Jersey's teachers colleges prepare student teachers to give children sound instruction for good family living. The resolution also asked that provision be made for in-service training of teachers.

In an effort to provide helpful material for schools the New Jersey advisory committee prepared two other bulletins, *Education for Human Relations and Family Life on the Secondary School Level* and *Education for Family Life in the Primary Grades* (see the suggestions for reading at the end of this article).

The trend toward an increasing interest in sex education as part of the education of young people for normal living is not confined to New Jersey. The movement is nationwide. The American Social Hygiene Association is receiving more requests for help in education for family life than ever before.

II. What is Education for Personal and Family Living?

Youth faces many problems of personal and social adjustment. Those growing out of the sex factor are among the most difficult and vital. An understanding of sex and its meaning to the individual and society is therefore an important part of education for personal and family life.

Education for family life aims to preserve the family and to improve and enrich family life. In fact, this is one of the goals of all education. Contributions to such a general aim are the main purpose of any planned program of education for family life.

Such a program never is narrowly conceived and limited to information about reproduction. Of far more importance than such facts are

the attitudes children develop toward each other, toward the role of father and mother in family life, and toward their own personal and social relationships and responsibilities.

An Unbroken Program

There is no one place in the school program to which a course in family living can be limited. It is a continuous part of the educational program from kindergarten through high school. For example, in the kindergarten the school can, by planned activities, share in helping children develop wholesome attitudes toward the relative roles of the mother and father in the family, toward themselves as individuals who share and contribute to family life, and toward their relationships to other boys and girls.

In the seventh and eighth grades, children need help in understanding their own adolescent development and experiences, and in establishing their social relationships.

The senior high school has the opportunity to give students preparation for marriage in all its aspects, including parenthood and the care and education of children.

Each phase of the program contributes to the next. Indeed, the need for education for family living continues after high school and should be a part of college and adult education programs.

Interpretation of sex as a basic factor in mental and physical health and in personal and social relationships is a continuous challenge to all who want to help children grow up as well-adjusted human beings.

III. General Principles

- Education for family living is a responsibility of the home, school, church and community. Each supplements and reinforces the efforts of the others.

- Education for family life includes sex education as an inseparable part of the education of the total personality. Scientific facts are basic tools, but sound sex education is more concerned with the interpretation of facts, development of ideals and provision of inspiration than with formal instruction.

- Sex education is directed toward an appreciative understanding of the potential value of the creative force of sex in life.

- A well-integrated home, school, church and community program of education for family life helps children develop satisfactory attitudes, build up emotional controls and make richer contributions to the home and community.

*How to
make friends?
How to
grow up?*



IV. What Can the School Contribute?

The foundation for family living is laid during the first years of an individual's life. Relationships of the various members of a family in the home setting have a profound influence on character formation. Definite attitudes and ways of behaving towards members of the same and the opposite sex are well established by the time the child reaches school age. His sense of security is largely determined by his experiences in the family group.

The person who said that the home is "the kindergarten of social relationships" was paying tribute to the importance of the home as an educational influence.

There is general agreement that the home carries the major responsibility for sex education. However, homes vary greatly in their adequacy to meet this need. Schools are in a unique position to help parents with this responsibility.

Strategic Position of Teachers

Teachers can supplement favorable home influences and counteract undesirable ones. They work with all the children of the community. They have many opportunities for guiding children. They work cooperatively with parents. They are in a strategic position to help a child develop an idealistic concept of family life based upon the part played by the father, the mother and each child.

Children in groups are not the same as children with their parents. When they discuss questions together, they find strength in "the binding of the group."

Other educational advantages the school has in supplementing the home include:

- Teachers have been trained to work with children.
- Group discussion tends to make the subject less personal and emotional.
- Audio-visual and laboratory facilities of the general curriculum afford natural approaches for instruction.
- Natural integration of education for family life in the curriculum of the elementary and secondary school obviates undue emphasis on sex as a separate phase of life.

Children are protected by correct positive information about themselves and their functions. Seldom does a child escape unwholesome sex information from such sources as partially or wrongly informed associates, vulgar street terminology, and objectionable pictures, printed material, films and radio programs.

Truthful information, skillfully presented, fortifies the child against serious damage from the threatening experiences that are bound to occur. It helps him build a philosophy of life which will counteract sordid influences.

There are innumerable opportunities in the present school program for giving instruction in family relationships from the kindergarten up. The youngest children can be helped to form wholesome attitudes which will assist them in meeting personal problems and will lay the foundation for sound marriage and family life.

The school has opportunities for working with parents on common problems. These opportunities include individual conferences and cooperation with parent-teacher organizations and other adult groups.



*Toddlers
learn to
like each
other.*

Every Teacher an Influence

Every person in the school system influences consciously or unconsciously the development of sex attitudes in the children with whom he associates, whether the policy is silence or complete and uncritical frankness. By bringing together these individual forces and harnessing them to a unified and purposeful plan, the lives of children and their present and future families will be enriched.

V. The School Program

1. The development of a school program of education for personal and family living needs community-wide support. This presupposes an understanding of the program by parents and community groups and endorsement by the school authorities.

In its approach the school must avoid the introduction of a hasty or ill-considered program because undesirable results may follow premature or untimely efforts. It may be necessary to omit or qualify certain phases of a proposed program in order to gain community support.

2. The approach to instruction should be positive and carefully planned. The positive aspects of sex should be stressed by giving children an appreciative understanding of the important role that the creative force plays in both individual development and social relationships.

3. The school program should be introduced in the nursery school or kindergarten and continued throughout twelve or more grades as an integral part of the school's contribution to character-building.

4. The program should be developed by the school staff and integrated within the curriculum. Natural opportunities for teaching are afforded by science, health, physical education, biology, home economics, English and the social studies. Considerable functional instruction can be interwoven into the recreational and social programs of the school.

Talks by outside speakers are not advocated because of the danger of presenting the subject as an isolated part of life rather than as a normal phase of everyday life.

5. Adequate recreational facilities should be developed as a part of education for family life. Undesirable recreational facilities too often contribute to an unwholesome conditioning of the child in his present and future family and sex adjustments.

6. No course in the curriculum should be labeled *social hygiene* or *sex education*. These terms should be used only to indicate to teachers and parents that definite parts of the education of young people are being directed toward healthy, natural and wholesome relationships in life as they are affected by sex.

VI. A Teacher's Qualifications

The personal and intimate nature of education for family life demands that a teacher be sensitive to all that is involved in human relations. A primary requisite is that the teacher be an emotionally mature person. The attitudes and reactions of children will be influenced more by the personality of the teacher than by all of the facts that may be presented.

Other desirable teacher qualifications are:

- Belief in the need for this type of education and in the teacher's opportunity to assist young people constructively in making fine adjustments in their family situations and in their relationships with members of the opposite sex.
- A sound emotional attitude toward sex—an attitude in which sex is accepted as a normal factor in life, without minimization or exaggeration of its importance.
- The ability to maintain a sympathetic understanding of the problems of young people and experience in dealing with these problems.
- A faculty for inspiring confidence and aspiration towards high ideals without seeming sentimental or preachy.
- Respect for differing ethical, legal and religious views and for progressive scientific knowledge.
- Knowledge of the various aspects of sex and the ability to interpret that knowledge according to the physical, psychological and social needs of the children.
- An understanding of the place of education for family life in the entire curriculum and familiarity with suitable methods of integrating it throughout all school experiences.



*What to tell them?
Consider their
physical needs, too.*

*Sex or clay—
she takes them
both for granted.*



VII. Study Opportunities for Administrators, Teachers, School Nurses and Parents

Until qualified teachers are available in sufficient numbers to develop a complete program of integrated instruction from the lowest to the highest grade, a partial approach may have to be made, especially in the secondary school.

In some schools integration has been started by capable teachers in the fields of science, home economics and health education. In other instances courses in education for family life on an elective basis have been successfully introduced by one or more qualified instructors.

Only two states (Oregon in 1945 and Michigan in 1949) have made instruction in this field compulsory by law.

Successful demonstrations of education for family life on a small scale may have to be the first steps in the direction of a more far-reaching program when competent teachers become available.

On-campus and off-campus courses in education for family life have been offered in New Jersey by Rutgers University, state teachers colleges and other schools. Such educational opportunities extend back to 1934, when college credit courses were first given in Camden by Temple University's School of Education. In a few instances boards of education, the New Jersey Congress of Parents and Teachers and some

local Parent-Teacher Associations have underwritten the cost of study for members of their respective groups.

Since 1941

Opportunities of becoming better prepared to make constructive contributions to family life education have increased tremendously since 1941. Many teachers colleges include instruction in this field as a part of the curriculum requirements for all students.

Other forms of study vary from organized workshops and college courses with credit on the undergraduate and graduate level to forums, one-day institutes and special speakers on the subject. There is a trend for children to participate in some of the study groups, thereby making their personal needs and interests known to those on whom they depend for guidance.

Publicity should be given to the opportunities for study that exist in each state. Information can be obtained from your State Department of Education, state university or other key center of education and from the American Social Hygiene Association.



SUGGESTIONS FOR READING

Books

Bibby, Cyril.

Sex Education—A Guide for Parents, Teachers and Youth Leaders. Emerson Books, 1946. Teachers find this very helpful on all levels.

Biester, L. L., Griffiths, W. and Pearce, N. O., M.D.

Units in Personal Health and Human Relations. University of Minnesota Press, 1947. Most complete and helpful guide on the secondary level.

Bullis, H. E. and O'Malley, E. E.

Human Relations in the Classroom. Hambleton, 1947. Demonstration of applied mental hygiene in the classroom.

Fink, E. M. and Force, E. S.

Family Relationships—The Toms River Plan. Continental Press, 1946. Ten topics toward happier living presented to 12th-grade boys and girls.

Leshner, Mabel G., Robbins, Samuel T. and Snow, W. F.

Education for Family Living. Journal of Educational Sociology reprint, American Social Hygiene Association, 1949. A-765. A sampling of what is being done in four states and two community school systems.

Texas Board of Education.

Course of Study for Family Life Education. Mimeographed. Very complete, detailed course for 12th grade.

Strain, F. B.

Sex Guidance in Family Life Education. Macmillan, 1942. Written for teachers but valuable also for parents.

The Normal Sex Interests of Children. Appleton-Century, 1948. Many elementary teachers and parents find this helpful.

Your Child—His Family and Friends. Appleton-Century, 1943. Fine on personal relationships in the home and outside world. Practical discussion of day-by-day problems.

Wetherill, Gage G., M.D.

Human Relations Education. American Social Hygiene Association, 1950. Describes the program in the San Diego schools.

Pamphlets

American Social Hygiene Association.

A Formula for Family Life Education. Content, habits, tastes and attitudes children should acquire during pre-school, elementary, junior and senior high school years. Invaluable for teachers and parents.

American Social Hygiene Association.

Education for Human Relations and Family Life on the Secondary School Level. Subject matter, courses and topics for integration with various subjects.

American Social Hygiene Association.

Parent-Teacher Guidance in Social Hygiene Education for Family Life. Excerpts from *Biology of Sex* by Thomas W. Galloway. The philosophy, time and manner of instruction, graded projects and problems in sound guidance of children and youth.

Leshner, Mabel Grier, M.D.

Meeting Youth Needs. New Jersey Congress of Parents and Teachers, 1945. A practical guide for parents and for leaders of discussion groups on the social hygiene phases of parent education.

New Jersey City Supervisors of Home Economics.

What Is Family Life Education? Ruby Jane Abbott, Ridgewood High School, Ridgewood, N. J.

AUDIO-VISUAL AIDS

Audio-visual aids should be used to stimulate further interest in a subject. They should provide a basis for discussion. They should not be considered ends in themselves nor should they be expected to tell the whole story. All visual aids should be previewed before using and careful preparation made for their introduction and discussion.

Films

A Family Affair.

22 min., sound. Problems of average American family—should mother make dates for children? New York University Film Library.

Are You Ready for Marriage?

18 min., sound. A boy and girl are helped to plan before becoming engaged. Coronet Instructional Films.

Baby Meets His Parents.

11 min., sound. Baby's personality as influenced by parental attitude. International Film Bureau.

Emotional Health.

22 min., sound. Proper attitude toward an emotional upset. McGraw-Hill.

Families First.

22 min., sound. Four basic requirements of every child—security, affection, recognition and new experiences. An excellent film to introduce the subject of sex education. New York State Department of Commerce.

Feeling of Hostility.

28 min., sound. How a girl compensates for her failure to win needed affection. McGraw-Hill.

Feeling of Rejection.

22 min., sound. Case history of girl who later achieves self-reliance. McGraw-Hill.

Human Beginnings.

A film by the Eddie Albert Productions.

Human Growth.

19 min., sound, color. The original "Oregon film," presenting facts of human growth and reproduction.

Human Reproduction.

21 min., sound. Presents human growth and reproduction in the family situation. McGraw-Hill.

Make Way for Youth.

20 min., sound. Community cooperation with young people; intergroup attitudes. Association Films.

Shy Guy.

15 min., sound. Shows how a high school boy learns to make and enjoy real friendships. Helpful in discussing personality development. Association Films.

Addresses of Film Distributors

American Social Hygiene Association
1790 Broadway
New York 19, N. Y.

Association Films
35 West 45th St.
New York 19, N. Y.

Bertram Willoughby Pictures, Inc.
1600 Broadway
New York, N. Y.

Coronet Instructional Films
Coronet Building
Chicago 1, Ill.

International Film Bureau
6 N. Michigan Ave.
Chicago 2, Ill.

March of Time Films, Inc.
369 Lexington Ave.
New York, N. Y.

Text-Film Department
McGraw-Hill Book Co., Inc.
330 W. 42nd St.
New York 18, N. Y.

New Jersey State Museum Film Library
Department of Education
State House Annex
Trenton 7, N. J.

New York State Department of Commerce
40 Howard St.
Albany 7, N. Y.

New York University Film Library
26 Washington Pl.
New York 3, N. Y.

Princeton Film Center
Princeton, N. J.



PROGRESS AND TRENDS IN SEX EDUCATION IN THE UNITED STATES

by Josephine V. Tuller
Director of International Activities
American Social Hygiene Association

In the International Union Against the Venereal Diseases, we have devoted ourselves for many years to the fight against syphilis and gonorrhea, killers and cripplers both and enemies of all mankind. Until now we have given our time and thought largely to public health and medical measures against them, with results of which we are all proud.

Now, however, we are going beyond discussions of case-finding and diagnosis and treatment to consider the problem that lies at the root of most cases of venereal disease: sex conduct. We can accept it as a fact that if sexual promiscuity can be lessened—if human sex conduct can be modified—as much and more will be done to wipe out the venereal diseases as has been done by the distinguished medical scientists in all the laboratories, all the clinics, all the hospitals of the earth.

An Interpretation for Friends Abroad

Presented in May, 1951 at a joint meeting of the International Union Against the Venereal Diseases and the French Society for Sanitary and Moral Prophylaxis

Before reporting on progress and trends in sex education in the United States, it should perhaps be pointed out that there are great differences between the cultural patterns of any two countries: differences developing out of geographical location, history, religion, neighbors, literature—all the tremendous experiences of national life.

The United States—Land of Infinite Variety

Therefore, perhaps you should be reminded that we in the United States have something of almost every other culture in our own. We have been called, and rightly, a melting-pot of peoples. The men and women who came from distant lands to live here brought with them their own cultures, their own ways, to the great enrichment of the whole. As the years go by, our people become more and more homogeneous, but they still retain an infinite variety of ways of doing and thinking, variations that are nearly as broad as those between nation and nation.

Thus it is natural to expect that a wide range of reactions will be made to proposals concerning any educational program. Any program

*They love
Grandmother's
stories
of the
old country.*



recommended by the American Social Hygiene Association (as the national voluntary leader in the field of sex education) or by the United States Office of Education (as the national government agency concerned) or by any of the other national voluntary and official agencies which participate in our country's educational efforts, is subject to numerous modifications. Our state and city departments of education, our universities and colleges and the more than 200 state and community voluntary social hygiene societies in our 48 states have specific ideas about the modification or change of any proposed program.

These diversified elements have necessarily given to the social hygiene movement in America broad experience since 1904 when Dr. Prince A. Morrow founded the New York Society for Sanitary and Moral Prophylaxis. Nearly 50 years ago this society was dedicated to the theory that education, interpretation and understanding about the place of sex in life have an essential role in shaping human health and happiness, and especially in preparing children and young people for maturity.

Pinpointing the Personal

In looking beyond the differences in cultural patterns, we find more and more similarities. A man belongs first to the human race, and he seeks health, happiness and peace, even as his neighbor. His search is an intensely personal one, and any group or organization wishing to help him reach his goal must understand that personal need. Therefore, this paper is written not from a collection of data on what is done and where, but rather as a running commentary of suggestions and explanations as to why and how certain programs in sex education are functioning in the United States.

Aims of Sex Education

In promoting the social hygiene movement in the United States, we recognize that our effort to influence sex conduct is most effectively advanced through training and guidance in childhood and youth. We speak of this long-range program as *sex education* or, since successful marriage and family life are intrinsically concerned with sex, we call it *family life education* or *education for marriage and family life*. Some call it *sex-character education* or *social hygiene education*.

Under any name the aims are the same:

- To guide the child, the youth, toward an understanding of his own sexual nature, the false fulfillment of promiscuity, the importance of home and family life.
- To help youth develop psychological and social, as well as physical, maturity as necessary integration for the founding of and membership in a family and in a society based upon the family.

The experience of the human race has taught us that this is the road to personal happiness.

These things are too important to leave to chance. If your son is going to be a doctor, you will see to it that he gets the best possible training for his future career. Whatever occupation he chooses as a means of earning his living, it is almost certain that he will be a husband and father, the founder of a family. And your daughter is equally sure to be a wife and mother, homemaker and housekeeper, first teacher of her children.

Our profound conviction in the United States is that we must educate for this basic career if living in the family is to be all that it can be as a richly rewarding human experience, as preparation for life. We cannot say that every good parent or every good citizen is what he is because he has been the fortunate recipient of sound sex education and guidance. We can venture to say, however, that more and better sex education will decrease the number of misfits, increase the number of happy families.

Adults Should Be Prepared to Teach

To fulfill these aims, guidance given to youth must be clear and true. Parents and all others who share in the training of children and youth must not only know the facts about sex but must also be capable of imparting these facts in an unselfconscious manner.

American parents and teachers—and no doubt parents and teachers in other countries have somewhat the same difficulty—are apt to be both embarrassed and perplexed by this responsibility unless they have received some instruction in ways and means of teaching children about sex. In the United States this has led to the establishment in many communities of programs and courses for adult education regarding sex, marriage and family life.

***A good
home bears
good fruit.***



Help is available from a variety of sources. Parents and teachers often organize study groups with a competent leader, in which they consider the basic facts to be presented to the child and discuss the most effective manner of presentation. Father, mother and teacher may read books especially prepared to aid and guide them in fulfilling their responsibilities in this field. There are books for children too, about animal babies as well as human babies and about their mothers and fathers and their homes.

They may visit art museums, where paintings and sculpture show clearly and without comment the external differences between the sexes, and where the basic family group of mother and father and child is the subject of varied and sympathetic presentation by artists of many lands. On display in several of the popular scientific museums of the United States is an attractive series of bas reliefs showing the development of the fetus in utero and the birth process itself.

And out of doors there is all nature, with its endless illustrations of how life is carried on. Often the adult learns with the child.

Sex Education in the Home

Parents are usually the first, and should be the best, of the child's teachers about sex-related matters as well as most other things in life. But the attitude of the whole family group from whom the child learns is important. Older sisters and brothers, aunts, uncles, grandparents, sometimes domestic servants—what they do and what they say, and how they say it become a part of the child's impressions and knowledge.

The child is a natural mimic and his imitations, both conscious and unconscious, of his parents and other members of his family are a significant and important part of his learning. A home in which the



*Today's
dates—
tomorrow's
families.*

*Why?
What?
How?
Give him
the truth.*



influencing action is loving, kind, responsible and wholesome will most likely produce a child who displays these same characteristics, even if at first they are not his own but merely imitations of his environment. In the same way, a home producing the opposite factors of hate, selfishness and carelessness will tend to produce a selfish, careless child.

Nothing can be of greater importance in its influence on character and preparation for marriage and family living than this early indoctrination.

It therefore becomes important that not only parents but all adults to whom the child looks for information give a thoughtful response. He asks, "Where do babies come from?" with the same open curiosity and lack of embarrassment that he feels when he wants to know, "What makes the thunder and lightning?" His right is to receive the most honest, informed reply of which the adult is capable.

If the child is scolded or silenced, he quite certainly receives the impression that there is something shameful about birth. If he is told an untruth, he will eventually find it out and conclude that whoever told him is not a reliable source of information on other matters as well as on this particular one. The only safe and fair answer is the true one.

American parents usually find that their children's first questions about sex occur during the three-to-six-year-old period, although sometimes as early as two years. At that age, the simple truth that babies grow inside their mothers' bodies usually satisfies the young inquirer. Later he will want to know more: how the baby came from the mother's body into the outside world, how the baby got inside its mother, and other details.

To each of these questions we urge parents to give frank and direct answers. If they will do this, without embarrassment, without mystery,

there will be no later need for correcting early myths about storks who bring babies swinging precariously in their long bills . . . about doctors who bring babies in their little black bags . . . about babies found in cabbage patches. These fanciful ideas, which no doubt exist also in other countries, have, alas, been common in the United States for generations, and we are only just now beginning to emerge from the confusion that they brought with them.

Children have no better memories than their elders. They often repeat the same questions, and in a way this is an advantage in teaching them about sex. By the time a parent has explained to a child for the third or fourth time the honest truth that babies are born of their mothers, parent and child are equally casual and unembarrassed.

A Workable Vocabulary

During the first years, when the little child's vocabulary is growing, is the time to teach him the correct names for the parts of his body, including the external sex organs. It is just as easy for him to learn the correct names for these organs and their functions as to waste his time on the foolish nicknames we adults have foisted on generations of children because we ourselves wanted to avoid sex-related words. Sound training now will save him embarrassment in adolescence.

Every child who has brothers and sisters or little playmates or who sees his parents in the informality of the home learns first-hand something of the differences in structure between boys and girls. Parents have an admirable opportunity in this connection to broaden his horizon about the social roles of fathers as breadwinners and of mothers as homemakers and to illustrate in simple terms the reason for and meaning of family life.

What About the Father?

When a child asks questions about the father's part in bringing a new baby into the world, it is sometimes difficult for his parents to answer, although not for the child to accept, because the former are self-conscious about sex relationships. He easily understands that every baby must have both a father and a mother and that each parent contributes equally to the making of a new human being. This leads naturally to the question of how this cooperation on the part of the parents is managed.

Children who live all or part of the year in the country are, of course, familiar from their earliest years with the mating of animals. They make the necessary analogy with the mating of human beings naturally and without shock. The movement of peoples of highly industrialized nations from the country to the city has immensely increased the need for sex education, because in the city animal mating is no longer a

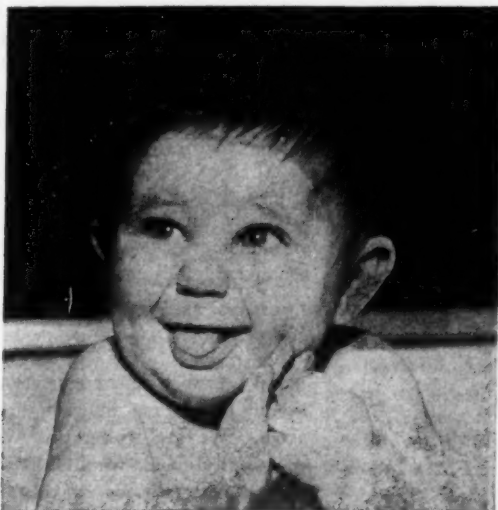
commonplace. City parents therefore often rely on the mating of animal pets to inform their children about human mating.

The expected arrival of a new baby in the family gives parents an admirable opportunity to develop the story of human reproduction. Children should be told in advance of the coming birth of a new sister or brother and be prepared to welcome and love the new addition to the family. When the infant arrives, they will watch him nurse and attend the ritual of his bath and gain broad sex education thereby.

Thus, by everyday happenings in the home and family circle the child may be taught and the parents may also learn. Parents do not have to be equipped to present an elaborate discussion of human reproduction in answer to children's questions. Little children could not understand such a discussion if it were given. It is honesty, simplicity, affectionate helpfulness that are needed here—not a seminar in biology.

* We would all agree that parents, because of their special closeness to the child, must be and should be his first teachers about sex-related matters. That does not mean that as he matures they will remain his only teachers. The school with its organized course of instruction, the church with its special responsibility for moral guidance, social contacts that allow him to make friends with other boys and girls, books, magazines, films, plays, radio, television—all contribute to his growing fund of information about the relations between the sexes and the institution of the family, which is built on that relationship.

*We've a
new baby
at our
house!*



Sex Education in the School

Since by common consent we have delegated to the school the task of carrying forward from age six or thereabouts the formal, organized preparation of the child for adult living, we must at this point consider the role of educational institutions in the progress of his preparation for marriage and family life. In the past our schools have planned their curricula as education for earning a living, as an enrichment of life through introduction to the best of literature and art, as character training. All these things the school must certainly do.

But in presenting courses of study designed for such purposes, the well-trained teacher, working within an agreed-upon framework, can profitably widen the child's horizon so that it takes in more and more of the great story of birth and growth, love and marriage and parenthood, the meaning of family life.

We in the United States are still studying the primary school curriculum to discover how it can best serve these ends. We have only rather recently come to a working agreement on what the secondary school's role in sex education is and may be. There is a sound reason for this order of progress: by the time a young person enters secondary school, he has reached adolescence. The tremendously important fact of approaching sexual maturity is affecting his whole life, his body, his emotions. This is a crisis in his life, and the schools, we believe, should not fail to help him pass safely through that crisis toward emotional maturity.

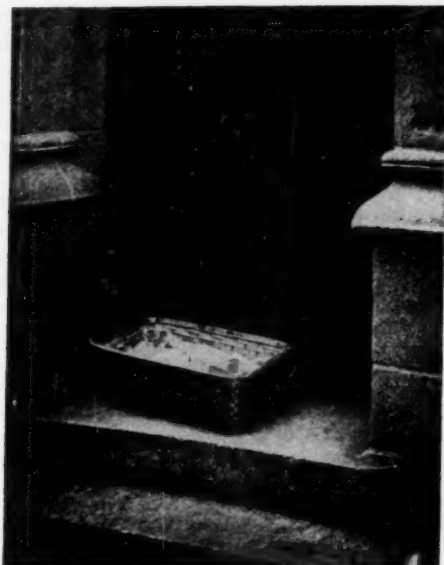
In the early days of sex education in the United States, school authorities who were concerned about the tragedies of illegitimate pregnancies and venereal infections called in physicians to lecture to the boys at one session and to the girls at another. We believe that was and is quite the wrong way to go about sex education. The clinician, the surgeon, the public health worker, the laboratory man are not *primarily* teachers, and this task is an educational one calling for all the skills of the well-trained pedagogue.

This does not mean, however, that we advocate simply substituting a teacher for the doctor on the raised platform before an uneasy group of embarrassed boys or girls. On the contrary. We think that the isolated single lecture on sex-related topics is useless and even harmful.

Credo

We believe that sex education (using that term in its broadest sense) should become an integral, organic part of the entire educational program. We are trying this system out in the United States in many communities and, while it is still a relatively new development, results indicate that we are on the right path. We still have to do a major

*A single
lecture won't
prevent the
baby on the
doorstep.*



job of preparing teachers for their role in presenting this integrated program. We still have to interpret it intelligibly to the larger public, although recent public opinion polls indicate that a majority of parents in the communities studied welcome it. We still have church groups who are fearful of its effect on morality, but we believe that fear stems more from unfamiliarity with the integrated program than from any basic disagreement on principles.

The Integrated School Curriculum

Science. Some biology is taught in our secondary schools, either as a separate course or as part of a more general science course. The student learns about the single cell and about cell division, the simplest form of reproduction. Building on this introduction to the origin of new life, the student goes on to study higher and more complex forms of life, with their microscopic and macroscopic differentiation between the sexes. In the impersonal and investigatory atmosphere of the laboratory and classroom, where there can be no reason for embarrassment, he gains an increasingly well-based understanding of all life processes and a vocabulary that clothes his understanding with words.

Literature. The student is introduced to both the classical and modern literature of our own country and to that of other peoples through

language courses. By telling the story of men and women and of their relationships to one another and to the society which they have created, literature serves as the personal history of the world, of what men learn from it and contribute to it, and as such it cannot fail to educate young people for adult living, including the great adventure of love, marriage and parenthood.

Health and Physical Education. In our secondary schools we have courses in health and physical education by that or a similar name. Here young people learn to understand their bodies and how they function, how to protect them from disease and other injury. In our opinion their study of the serious communicable diseases should include information about syphilis and gonorrhea, just as it should include information about tuberculosis, trachoma, typhoid and all the other ills that man is heir to.

The venereal diseases should never be singled out for special attention nor be treated in any but a thoroughly factual scientific manner. Instruction should cover method of transmission, causative organism, diagnostic procedures, treatment and the results of lack of treatment—never illustrated, however, with any of the old-fashioned horror pictures and stories once the stock-in-trade of health education pioneers.

Home Economics. The secondary schools of many countries give home economics or domestic science or homemaking courses in some form for



*They know
how their
bodies work.*

the benefit of girl students. Schools in the United States where an integrated program of sex education is in effect make a conscious effort to train for marriage and parenthood as well as for housekeeping, cooking and sewing. They discuss the origin of the family, instruct in child care, bring little children into the classroom to give interest and practical application to the lessons. In recent years boys have asked to enroll in such courses, an indication that the courses are supplying something youth needs and wants.

Social Studies. Still another course that can contribute to a growing understanding of the role of sex in life is the one we call social studies. Here students discuss the family as the basic social unit, the home relationship, the status of women, attitudes toward children, law as it affects the family, morality, customs, the community as an aggregation of families, the nation built upon the fellowship and cooperation of millions of families.

Students review history to enrich their understanding of man as a social being. They study community, national and international institutions and organizations. All this study contributes to their growing understanding of the world they live in.

Sex education is, of course, simply a part of character education, the development of the adult personality, of an integrated social being. That is a big task and one in which we need the informed assistance of our educational institutions.

The Role of the Church in Sex Education

As a young person meets the sex-related problems that come in the process of maturing, he needs wise counsel, good advice, someone to talk to about things that are disturbing. His parents are there to help, but frequently he needs to turn to someone outside the family circle, someone who can look at his problems with the perspective that comes from a certain degree of detachment, someone who can view the particular in the light of the universal.

No one should be better trained or more experienced in meeting these ever-recurring problems of all mankind than the clergyman—priest, pastor or rabbi. He is in a strong position to interpret the moral code to young people, to speak to them with all the great authority of the church. Our spiritual leaders, if they are wise men, know that human beings are fallible and need spiritual help and guidance if they are to meet and overcome the temptations of adult life.

In recent years many of our churches in the United States, concerned as all churches everywhere must be with the well-being of the family, have added to their function of spiritual leadership certain educational and interpretive functions by organizing formal courses of instruction and discussion groups for young people approaching the age of marriage.



*They know
there's more
to marriage
than frosting.*

Group Discussions

When young people are beginning to think of founding families of their own, the time has come when group discussions under a competent leader have much to contribute to an understanding of the origin of the family, the history of human marriage (differing in externals, perhaps, from nation to nation, but always the same group of mother and father and child, a permanent entity recognized by the community and by society as a whole), love between the sexes as a specifically human contribution to the relationship of male and female, love of and responsibility for children, mutual trust and sympathy and understanding between marriage partners, companionship—all the things that make a good marriage and a good home.

Let us emphasize two points:

- Since the church is an indispensable part of the family-school-church triumvirate sharing the responsibility for preparing youth for life, churches need to give serious thought not only to their own role in this joint undertaking but also to that of the family and the school. Having given the objectives and methods of this great task their blessing, they should go further and give it their active support.
- If the clergyman is going to carry his full share of the program, he should have special training in seminary or theological school to enable him to do so.

The Role of Youth Groups

The young human being who is growing up feels a strong pull towards those his own age. His elders are too conservative, he feels. His juniors, still engaged in the noisy games of childhood, are no use to him whatever. But his own generation understands him, knows how he feels about things, what worries him, what he wants to do and be. With his peers he can talk endlessly—and a very considerable part of that talk will be about love and sex, particularly the opposite sex.

Youth organizations in the United States have begun to build upon this universal interest by forming discussion groups and providing trained leaders to guide them. "What qualities are most important in a husband?" ask the girls, who proceed to answer their own question in their several ways. "What does one want in a wife?" the boys ask themselves, and go on to describe the girl of their dreams. Sometimes both boys and girls of the same age meet together to talk about such questions as "What makes a happy marriage?", "At what age should one marry?", "Is money important to marriage?", and so on.

It is quite possible that no conclusions new to their elders are arrived at in these discussions, but they do have the very real value of directing the thoughts of young people through the moonlight and roses of romantic love to the solid ground of marriage and family life that lies beyond.

Trained leaders for such discussion groups are provided by the agencies sponsoring them. Ideally, these leaders should give the talk free play, merely suggesting a point of view here, bringing the discussion back to first principles there, supplying accurate information at another point. There are not nearly enough such competent leaders now, but youth-serving organizations are giving thought and impetus to their training. They have a very real role to play in a broad program of preparation for marriage and family life.

Public Health Aspects of Sex Education

It is a curious and interesting circumstance that the venereal diseases, the enemy which we are banded together to vanquish, are transmitted from one individual to another primarily by sex contact. That fact leads to its inevitable corollary: we, as public health workers, must be concerned with human sex conduct. We all know that sexually promiscuous persons are those most likely to be venereally infected and to spread their infection.

Sex education, which has as its first objective the orientation and stabilization of the individual with regard to the tremendously powerful sex drive, tends to decrease promiscuity and so to limit the spread of the venereal diseases. Sex education therefore makes a very real and substantial contribution to the public health. It should not, in our opinion,

be undertaken *primarily* for its public health values, but those values exist and must logically be in the forefront of our thinking about it.

Attack the Source

Let us go back now to the first principles that have led the International Union Against the Venereal Diseases to give its time and thought to a consideration of sex education as a training for life. Syphilis and gonorrhea are more than serious communicable diseases. Since they are primarily spread by promiscuous sex contacts, their very existence is an indication of faulty attitudes toward sex and marriage and family life.

We have two choices in this situation:

- To continue everlastingly to search for and treat existing cases of venereal disease, spending our time and our energy and our money, our penicillin and our other miraculous drugs in an attempt to cure.
- To attack the problem at its source, in sex conduct itself.

No one who has given serious thought to the problem can fail to come to the conclusion that we should dedicate ourselves to an **attack at the source**, at the same time using every medical and public health measure at our command.

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Announcing a New Publication—

PRE-INDUCTION HEALTH EDUCATION MANUAL

From outlines used by schools during World War II, Mrs. Esther Emerson Sweeney, ASHA's director of community service, and Roy Dickerson, executive secretary of the Cincinnati Social Hygiene Society, have developed a Pre-Induction Health Education Manual. Its purpose: to help young people prepare in advance to meet the demands made upon them by the times in which we live.

Several schools are using the manual on a test basis this semester. A revised version—ready for general use next fall—will incorporate their modifications.

The editors have arranged the test edition in units for a 12th-grade, two-semester health education course, but others may wish to condense the material or to integrate it throughout every grade. In any case, the manual is a flexible guide for both teachers and youth leaders—including social workers, ministers and club leaders—who have the job of encouraging the physical, emotional and social growth of those who will soon enter service or defense plants.

With an eye to the stresses and strains that today's adolescents will inevitably face, the manual emphasizes:

- * Good understanding and management of human emotions.
- * Physical fitness for military service or defense work.
- * Sound relationships between the sexes.
- * The false propaganda of the prostitution racket.
- * The value of service in the Armed Forces to the individual boy or girl.
- * Common situations in which young men and women will find themselves.

The manual's editors obviously feel a prepared youth will be less susceptible to the temptations of new environments, freedom from parental supervision and the different moral standards of unfamiliar companions than one totally unprepared for new and trying experiences.

The manual considers the place of sex in human life from the point of man's obligations to himself and to God. It contrasts the hazards of extra-marital sex relations with the deep satisfactions of the marriage bond.

A short quote from the section on personality—specifically the social aspects—reveals how concretely the manual develops a point and stimulates pupil thought.

"The group in which the individual moves sets up many standards of behavior and patterns of conduct. In his dress, the individual follows the group, often even when such attire is unbecoming or displeasing to him. His attitudes towards the moral code will reflect those of his parents and his church, in the main, but may reflect, too, those of the social group in which he grows up. Hence, the necessity of helping young people to sort out what is morally binding upon them from what is merely a matter of social custom in their environment.

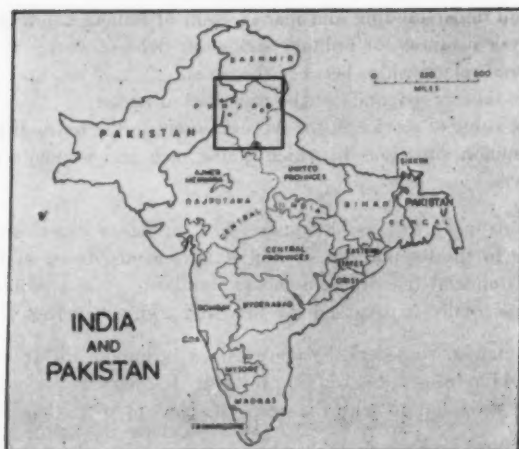
"Class Discussion

"When should you have the courage of your convictions, regardless of what other people think?"

Questions for class discussions, suggested class activities and references follow immediately after expository material and point up the lesson in terms of the young person's experience.

The table of contents lists chapters on the use of the manual; the efficient management of personal living in the national emergency; mental hygiene; physical health and fitness; spiritual health and development; social hygiene for boys and for girls; a social hygiene supplement which is an additional unit of basic facts, including those about human reproduction; the young women in the defense program; and the young man and the Armed Forces.

The Pre-Induction Health Education Manual is based on lasting principles and proved ideals. In war or peace, whether used in toto or selectively, it will serve as a dependable source of material for all who are interested in guiding youth toward a worthy maturity.



*A square
marks the
area of
operations.*

VENEREAL DISEASE CONTROL IN SOUTHEAST ASIA

by John C. Cutler, M.D., M.P.H.
United States Public Health Service

On the basis of my experience in India and Afghanistan, I shall attempt to outline here the venereal disease problem in southeast Asia and the steps taken by the governments concerned and by international organizations to bring about control.

A Dearth of VD Data

In 1948 the World Health Organization announced that a venereal disease demonstration team would be available for the southeast Asian region, and the government of India requested its services.

A survey of control activities in India at that time showed that accurate statistics were scarce and the existing data could do little more than suggest the extent of the venereal disease problem. In Madras, admission data collected from clinics and hospitals indicated the seriousness of the problem in that area. Records of the medical department of the Indian Army provided some information on incidence in one group.

No other significant figures were available, since venereal diseases were not required to be reported by states and provinces to the central govern-

ment. Nevertheless, informed workers were agreed that the diseases were highly prevalent. Here are some of the facts pointed out when the request for international assistance was made.

Obstacles to VD Control

In Calcutta, Bombay and Madras, municipal venereal disease clinics had been in existence as long as five to ten years. But the pioneer workers behind these clinics were facing the same stalemates that had earlier been faced in the United States—lack of public and official interest and support; scarcity of funds, supplies and equipment; and too few trained personnel.

In spite of these handicaps, the Calcutta VD control system in 1949 reported approximately 35,000 new admissions to its clinic and had established a separate, small hospital. Typically, the load was so great in relation to the existing medical resources that only about half of the first admissions could be given even a single qualitative serologic test for syphilis.

Conditions were similar in Bombay and Madras.

Even the fundamentals of a control system were lacking in the great majority of cities and provinces. Consequently, venereally infected individuals were handled by governmental clinics and hospitals along with other patients. Or, if financially able, they went to private practitioners.

The shortage of physicians, drugs and diagnostic facilities was, and in many places still is, so severe that many patients with early infectious lesions were turned away because diagnosis and treatment could not be

***A school
house sub-
stitutes as
headquarters.***



provided. Hospital beds available for venereal disease patients were generally used only for those with late manifestations of the diseases.

At the present writing, there are only about 12 laboratories in India routinely handling 200 or more serologic tests for syphilis each week. The shortage of supplies and antibiotics remains critical throughout the country.

Headquarters of the WHO Team at Simla

As recommended by the WHO's Expert Committee on Venereal Infections, a demonstration team was assigned to the government of India to establish a suitable system of control in both an urban and a rural area and to give instruction in those methods of diagnosis and treatment which might best be adapted to local resources. WHO provided a group consisting of a physician, serologist, public health nurse and health educator with health education equipment, as well as supplies for a diagnostic laboratory and for clinical activities.

The government of India provided funds for a matching team, for supplies and equipment available locally, for some drugs and medicines and for transportation. In addition, the Indian government agreed to continue activities started in venereal disease control following withdrawal of WHO assistance.

The province of Himachal Pradesh, where syphilis was known to be endemic, was selected as a site of operations. This province had recently been formed though the merger of some 30 of the former princely states in the Himalayan foothills northwest of New Delhi and extending in some places to the Tibetan border. The area is mountainous, communications are difficult, the population of about one million is extremely poor, and the medical services are very meager although being expanded as rapidly as possible.

Good hospital facilities and a laboratory were found in Simla, which is the largest city although part of another, more highly developed province. This one laboratory served not only Simla but also the province of Himachal Pradesh for the serodiagnosis of syphilis as well as other clinicopathologic work.

Not more than 40 samples of blood per month had come through the laboratory for testing for syphilis. No organized system of care for venereally infected patients had existed in the region.

Headquarters for the WHO team was consequently established at Simla. The matching team was assembled, a special laboratory and an outpatient venereal disease clinic were set up, programs of routine testing and treatment were instituted in the male and female hospitals at Simla and in the municipal prenatal clinics, and a survey program to determine the prevalence rate of syphilis in this and other regions was begun. A training

program for physicians, laboratory workers and nurses—first from the immediate region, then from other parts of India and surrounding countries—was started.

In the first 17 months, 29 persons had completed training, and control activities in at least seven hospitals and clinics in Himachal Pradesh and elsewhere in India had been initiated by some of the trainees.

High Prevalence of VD

The survey activities revealed certain clues to the prevalence rate of venereal disease. In the Himachal Pradesh region it has been known for many years that much syphilis and granuloma inguinale existed, but no statistics were available.

The survey indicated that

- About 50% of the adult population in the Ghund territory of this province had a positive serologic test for syphilis.
- In the entire Himachal Pradesh province (a very small part of India, incidentally) the prevalence rate among adults in rural areas was never found lower than 15%.
- About 27% of the adult male hospital admissions in Simla were found to have positive serologic tests.
- The lowest prevalence rate in the region, 4%, was found among the upper middle-class pregnant women from urban Simla, but they are not representative of the district.
- In New Delhi, rather large samples from the male hospital population and from prenatal clinics showed a rate of about 12%.

These figures served to indicate the vast amount of the disease requiring treatment in the surveyed areas.

Granuloma inguinale was found to be highly prevalent in the Himalayan foothills region. From 10 to 15 of the 100 hospital beds available in Simla for females were usually occupied by patients who required long periods of hospitalization for granuloma inguinale because most of them required surgical intervention after years of having had the disease.

Gonorrhea apparently occurs less frequently than does syphilis or even granuloma inguinale. The reason for this is not known, but the much higher ratio of syphilis to gonorrhea in the Indian troops had been noted during the last war.

Clinical Manifestations of Syphilis

Aortic insufficiency, tabes dorsalis, optic atrophy, meningovascular syphilis, and gummata were the observed late complications of syphilis,

but no figures as to such prevalence can be given. Since the life expectancy in India is approximately 30 years, the average individual hardly lives long enough to develop the later complications.

In both India and Afghanistan I observed many patients with late secondary manifestations. I rarely saw the early primary lesion, because the patients usually tried indigenous or home remedies first and sought medical attention only if the lesion persisted or progressed.

It was interesting to observe the familial spread of syphilis in patients attending the clinics in Herat, Afghanistan. Families of 10 or more individuals, ranging from the grandfather of about 80 years of age to children of two or three years, all showed signs of early infectious syphilis, apparently transmitted asexually throughout the group as in the manner of bejel.

In the children, the clinical signs of secondary syphilis were, to me, identical with those described as bejel, which occurs among the Bedouin tribesmen and their families living under much the same conditions in the Middle East. In this observation, confirmation was given by Dr. F. Akrawi of Iraq, who has attempted to show identity of the two diseases by human inoculation.

Treatment—Lack of Drugs

The routine treatment used by the demonstration team for early and latent syphilis consisted of a single injection of procaine penicillin in oil with 2% aluminum monostearate.

The distribution of medical services in many southeast Asian countries is necessarily conditioned by budget limitations. It is important for the



*Bagain
school
children are
examined.*

public health worker to consider how to get the greatest benefit for his health district out of a pitifully small stock of drugs and supplies, particularly penicillin and other antibiotics. For instance, if a health department has funds for 1,000 cc. of penicillin for syphilotherapy, a single-injection schedule of 1 cc. per patient would "cure" about 60% of early syphilis cases brought to treatment, or about 600 individuals. A schedule using 2,400,000 units (or 8 cc.) of penicillin would cure perhaps 90% of treated patients, but 1,000 cc. would provide initial therapy for only 125 persons.

It is evident then that under such conditions factors other than cure rates must enter into the consideration of public health measures to be adopted.

The private physician is not necessarily so limited in his management of patients financially able to pay for treatment, since his responsibility and services may be more narrowly confined to the circle of his clientele. Nevertheless, the use of any penicillin schedule in underdeveloped areas, such as are found in India and Afghanistan, must be based on the availability of the drug.

Penicillin is not yet made commercially in these countries and must therefore be imported and paid for from the "hard currency" reserves of the governments. Thus, the choice of therapeutic schedules in public health work must be based upon what is practical for the country and not upon what is considered ideal in the United States, where abundant supplies of drugs and resources are available.

Inadequate Laboratory Facilities

An earlier reference was made to the relatively small number of laboratories doing even a moderate volume of serologic testing for syphilis. I am convinced that any effective program of venereal disease control needs good laboratory resources.

In India a few large centers were found to be well equipped for serologic testing, but they were seriously understaffed and handicapped by lack of supplies. In most of the cities facilities were woefully inadequate as to both equipment and trained technicians. In one large governmental laboratory I found the bottoms of neoarsphenamine ampules being used as Kahn tubes. Not infrequently a hospital laboratory would be found to have no more than one or two pipettes to do not only serology but also the clinical chemistry.

Aware of the paucity of equipment, technicians and funds for supplies, the members of the WHO team in Simla set up the simplest testing procedures possible compatible with a reasonable degree of accuracy. After experimentation the team selected two slide tests which provided

accurate, rapid and inexpensive serologic testing without requiring a high degree of technical skill as compared to a more complex procedure such as the Wassermann test.

A training program for technicians was instituted as soon as laboratory procedures had been decided upon.

Local Prejudices

Poverty, illiteracy, superstition and religious beliefs were additional factors which influenced the organization of the control program. For example, in a strictly orthodox country such as Afghanistan a physical examination of a female by a male physician is almost impossible. One of the leading venereal disease workers in Afghanistan had never been able to perform a complete physical examination on a female in 11 years of medical practice. In India, only after long explanation would the average woman submit to examination by a male.

In some areas, local traditions hampered the physicians' complete examination of even the males.

Also, many patients did not fully understand the nature of their infection.

Our experience in Simla taught us that it was often worth while to take some time to gain the patient's confidence and to teach him a little about his disease. By this means we could secure his aid in bringing his contact for treatment, if he or she lived not too far distant.



*Up the hill
to Ghund.*

*Centrifuging
blood samples
compete with
the camera.*



Transit Is Not Easy

Distance and time are extremely important considerations in regions where the medical services are sparsely distributed. Patients not infrequently walk from 10 to as much as 200 miles to reach the nearest physician. The implication of this factor with respect to getting all patients to come to early treatment, not to mention the performance of contact-tracing and follow-up, is very clear.

Even in big cities such as Bombay a farmer or laborer will often have to walk long distances for treatment and will usually require a full working day to make one clinic visit, thus losing wages which he can ill afford to lose. Under such circumstances, the patient deserves and needs to have diagnosis and treatment expedited as much as possible.

However, rapid and accurate diagnosis and immediate therapy are difficult to obtain, since the physician in an average clinic will often have to see and dispose of as many as 100 patients in one day, in addition to taking care of his small hospital. It can be understood why he has no opportunity to do more than quickly observe the patient and carry out the treatment immediately necessary.

These illustrations are offered not in the spirit of criticism but rather as typical of some of the difficulties faced by public health workers in these and similar regions. The physicians are aware of and eager to adopt the resources of modern medicine and new diagnostic and therapeutic methods. What is needed to increase their efficiency and to expedite their work are simple, accurate laboratory procedures requiring a minimum of technical

execution and equipment and the simplest applications of modern therapeutic advances which can be utilized.

It should again be pointed out that in planning and evaluating programs for these countries, it is necessary constantly to keep in mind their particular needs and resources and, above all, the desires and temperament of the people themselves, and to base all decisions on these facts rather than solely upon American standards, experience and level of acceptance of medical care.

There is in India and Afghanistan a tremendous reservoir of venereal disease which needs treatment and which must be approached from a public health point of view. What has been said with respect to this group of diseases can be applied equally to almost all other widespread diseases in the regions. Efforts are being continued by the health services of the countries involved, by international groups such as the World Health Organization and by direct and indirect American aid. But the problems to be met are great.



*The author, who was
formerly leader of the
World Health Organization's
Venereal Disease
Demonstration Team
in Simla, India.*

Partners, Not Patrons

I am convinced that most of the public health workers in southeast Asia have an appreciation of their problems and needs and welcome aid. But this statement is true only if the international worker comes into an area with a real desire to serve in partnership with the medical profession of the country—rather than with the idea of doing the job alone or merely advising on how public health measures should be carried out, without considering the progress made locally and the social, scientific and political problems of the region.

Having seen the response to the WHO programs, I feel we have proof that programs begun with outside aid can and will be absorbed into the regional health services and will significantly contribute to their effectiveness. A strong demand for better public health exists in the articulate segments of the population of these countries and should be met with aid from outside groups for the mutual benefit of all the peoples of the world.

BOOK NOTES

The Camp Counselor, by Reuel A. Benson, M.D., and Jacob A. Goldberg. New York, McGraw-Hill Book Company, 1951. 337p. \$4.50.

Part of a series on health education, physical education and recreation, this text is designed for future counselors, camp libraries and camping staffs.

The selection of counselors on the basis of personality, character and training, and camp organization largely determine the quality of leadership in the 6,500 American children's camps and the extent to which the physical, mental, emotional, social and moral needs of campers are met.

Legal provisions, health, emotional and personality problems are considered, and it is emphasized that deep-seated personality or behavior deviations cannot be adequately solved by the counselor.

The chapter on social hygiene stresses that the counselor must familiarize himself with the parents' concept of sex instruction if he is to avoid later misunderstandings in the children's homes. The counselor needs to know what sex problems will arise and what can be done about them. He must never forget the over-all activities that contribute to health and good character and social growth, the children's and his own.

A summary, a list of questions and answers and suggested assignments follow each chapter, and comprehensive appendices complete the volume.

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The Science of Health, by Florence L. Meredith, M.D. Philadelphia, Blakiston Company, 1942, 1951. 452p. \$3.75.

Intended for college hygiene courses, this edition includes new material on vitamins, antibiotics and current statistics.

The first section is concerned with a general picture of national health and the human body. Other parts of the book cover more specifically the maintenance of health, major health problems, mental health and the next generation.

A section on syphilis and other venereal diseases briefly outlines the symptoms and treatment and makes the startling statement that mortality from syphilis is estimated to be 100,000 annually.

"The Sex Impulse" discusses love and marriage, the denial of sex and the reasons for such continence, emotional fixations, dealing with sex impulses through the conventions, substitution and sublimation.

Following chapters on reproduction and heredity and parental care are a bibliography and index. Amply illustrated, the text covers a good deal of ground and can be easily understood by the average undergraduate.

THE LAST WORD

"There is no question that the goal of democracy will be achieved eventually whether it takes one hundred years or one thousand years. The real question is whether the promise of democracy can be achieved quickly enough in the face of the great difficulties confronting the world to prevent countless years of needless human misery.

"Fortunately in this country our problem of fully realizing the promise of democracy—equal opportunity and the good life for everyone—is not dependent upon the acquisition of greater natural resources or the achievement of a higher level of technology. It is dependent solely upon our ability as fellow-Americans to cooperate with each other in making certain that every American citizen really does have an opportunity to lead a personally satisfying and socially useful life. In other words, our problem is one of finding ways and means of developing the necessary social organization, not one of finding the economic resources to carry out our social aims."

—ARTHUR J. ALTMAYER, Commissioner
Social Security Administration

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ASHA's Job in National Defense

- ★ To study prostitution conditions, particularly near military installations and industrial centers
- ★ To prepare fully documented reports on local prostitution conditions for the information and guidance of military and civil authorities
- ★ To provide community leaders with the facts about the dangers of commercialized prostitution
- ★ To advise communities on the most effective ways of repressing vice and to recommend ways of treating sexual delinquents
- ★ To stimulate adequate wholesome recreation as a morale-building safeguard against sexual misconduct
- ★ To intensify the spread of sound information about venereal disease, particularly to young people entering the Armed Forces
- ★ To help strengthen family life against the tensions of the times by fighting VD and sexual promiscuity, two major threats to family health and well-being
- ★ To encourage education for family life, through publications, study courses for parents, and formal training for teachers, youth leaders and others who influence young people

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